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APPLICANTS Toshimi Makino, Tokyo, JAPAN; ** CONTINUING DATA ***** <i>no</i> <i>h</i> ** FOREIGN APPLICATIONS ***** <i>no</i> <i>h</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 7
INDEPENDENT CLAIMS 1				
ADDRESS 22850				
TITLE Ophthalmic examination and treatment system				
FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	